TENT OR AIR SUPPPORTED STRUCTURE PERMIT APPLICATION



VILMINGTON FIRE AND LIFE SAFETY

NEW HANOVER COUNTY FIRE SERVICES 230 GOVERNMENT CENTER DR., SUITE 130 WILMINGTON, NORTH CAROLINA 28403 (910) 798-7420, Fax (910) 798-7052 e-mail: fireforms@nhcgov.com

CITY OF WILMINGTON FIRE AND LIFE SAFETY 801 MARKET STREET WILMINGTON, NC 28401

(910) 343-0696 Fax (910) 341-0097 e-mail :fls@wilmingtonnc.gov

	ity limits or the unincorporated area of New
Hanover County?	
CONTRACTOR REQUESTING PERMIT	
	OFFICE PHONE
	FAX LL E-MAIL
OCHINOT I EROCK.	
EVENT INFORMATION DATE OF EVENT TIME EVENT STARTS	
DESCRIPTION OF EVENT:	
LOCATION/ADDRESS OF EVENT:	
Date/Time Ready for Inspection	
Please be aware that any inspections requested outside of normal business hours may require an additional after hour's inspection charge.	
PERMIT INFORMATION	
TYPE OF PERMIT REQUESTED: TENT/S AIR SUPPORTED STRUCTURE Please list each tent or air supported structure including description, square footage, sizes, with or without sides, and number of exits. If additional space is needed please use the back of the application.	
Circle all that Apply Occupancy Type: Assembly Business Other Occupancy Load/Capacity	
*Does the tent/s have? Heating Equipment Seating Electrical Service Cooking Equipment Contain: Hay Straw Wood shavings Other combustible material *Are the tent/s and contents flame resistant and self extinguishing? Yes No *Are the tent/s adequately guyed, staked, and/or fastened to withstand a wind pressure of not less than 20lbs per square foot of projected area? Yes No *Does the tent occupy more than 75% of the premises that it is located on? Yes No *Please note that a site layout must be provided showing dimensions, location of tent/s or air supported structures, and a parking layout. A floor plan must also be provided for tents showing dimensions, layout, fire extinguishers, and exits.	
FEE FOR PERMIT WILL BE ASSESSED BY APPROPRIATE PERMITTING JURISDICTION Method of Payment CASH CHECK CREDIT CARD CHARGE ACCOUNT #	
Date of Application Applicants Name	
Applicants Signature	
OFFICE USE ONLY	
PERMIT NUMBER ASSIGNED:	DATE OF INSPECTION:
Permit Fee Assessed	Inspected by
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Inspector Reviewing Application	Inspection AP or DA
Application for Permit AP or DA	Project Notes:
Comments	_
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